

Politics or Public Health?

Sterilization During the Indian Emergency 1975-1977

Megan LaMonica

Plan II Honors Thesis

Supervisor: Dr. Indrani Chatterjee

Second Reader: Dr. Sumit Guha

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Abstract

This thesis examines the complex social, economic, and political climate that made the Indian Emergency of 1975-1977 and its infamous sterilization campaign possible. Factors such as caste, class, and religion impacted people's experiences and perceptions of the sterilization campaign during the Emergency. In general, people of lower socioeconomic status were more vulnerable to sterilization pressures, but even within similar demographic groups, individuals still engaged in different levels of participation with the sterilization campaign. The Indian government's declaration of a national emergency gave it the ability to commit excesses to the detriment of many of its citizens and to censor public media and generate reports that did not fully represent the truth, as evidenced by the Turkman Gate incident and the subsequent Shah Commission of Inquiry. Overall, the Emergency sterilization campaign illustrates how public health policies are often entangled in politics and do not necessarily protect the interests of individuals.

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Introduction

The inspiration for this thesis stemmed from Dr. Indrani Chatterjee's class "Gender and Modern India " that I took during the spring semester of 2019. During one of the lectures, we briefly discussed India's Emergency and the forced sterilizations that occurred as a population control measure. We talked about how longstanding caste discrimination and Hindu-Muslim conflict set the stage for Muslims and lower caste Hindus to be disproportionately targeted for sterilization during this time. I was surprised that I had not heard of the Emergency and its controversial family planning campaign prior to taking this class, as the topic struck me as a serious breach of individual bodily rights. Additionally, I wondered how the government could get away with sanctioning a "public health" program that involved overt discrimination against Muslims and lower caste Hindus.

I had previous experience studying public health via a Plan II seminar course called "Public Health, Medicine, and Society" during the spring semester of 2017. The course was co-taught by Dr. Stanley Joel Reiser and Dr. Alfred McAllister. Dr. Reiser is a medical doctor as well as a PhD, so the class had a strong bend toward healthcare and innovations in the treatment of medical issues. Class content covered public health from the 19th century until the present. The class tended to frame public health initiatives in a positive light; many of the issues discussed were social or economic barriers to improvements in public health at different points in history.

One of the major themes of the seminar course was the idea that targeted, community-based interventions can facilitate lasting changes in public health. Of

particular interest to me was a case study on reducing the incidence of cardiovascular disease in North Karelia, a region in eastern Finland. During the 1960s, North Karelia measured the highest rate of coronary mortality in the world.¹ In order to combat the high rates of cardiovascular disease in North Karelia, the citizens petitioned the government to take coordinated action.² Because of this pressure, the North Karelia Project began in 1972. Interventions like working with the local sausage factory to replace some meat and fat in the sausages with mushrooms, teaching people to cook healthier meals with more vegetables, and using family support systems to aid citizens in the cessation of smoking all helped to significantly reduce the incidence of cardiovascular disease in North Karelia over time.³

I came away from that class with the thought that public health initiatives could create positive change in communities and were undertaken for the benefit of citizens. Learning about India's Emergency, however, suggested that politics were taking precedence over health. The family planning sterilization issue raised a number of questions. What is an acceptable amount of power that a government should have over the bodies of its people? For such a drastic population control measure, did the sterilizations measurably achieve the goal of curbing population growth? Did citizens know what was happening at the time? Did anyone try to speak out against the

¹ Erkki Vartiainen, "The North Karelia Project: Cardiovascular Disease Prevention in Finland," *Global Cardiology Science & Practice* 2018, no. 2, accessed December 12, 2019, <https://doi.org/10.21542/gcsp.2018.13>; A McAlister et al., "Theory and Action for Health Promotion: Illustrations from the North Karelia Project," *American Journal of Public Health* 72, no. 1 (January 1982): 43–50, <https://doi.org/10.2105/AJPH.72.1.43>.

² McAlister et al., "Theory and Action for Health Promotion," 43.

³ McAlister et al., "Theory and Action for Health Promotion."

government? Who was in support of the campaign, and why? What did officials in foreign countries think of the campaign?

As I began to research more about sterilization during the Emergency, it became clear that the campaign did not prioritize the health of citizens over the goal to reduce population. However, India is not alone in its history of controversial public health measures. While researching India's sterilization movement, I was exposed to controversial public health initiatives in the United States, such as the Tuskegee Experiment. In 1932, the U.S. Public Health Service (USPHS) started the Tuskegee Experiment in Macon County, Alabama.⁴ Officials wanted to study the progression of latent syphilis in untreated black males. The participants tended to be poor, illiterate tenant farmers and sharecroppers, and the men were told that they would be receiving treatment for their "bad blood", even though that was not the case.⁵ When penicillin was found to be a viable treatment for syphilis and became commonly available in the early 1950s, the USPHS sought to prevent the men from being treated lest it interrupt the study of the natural progression of the untreated disease. The government did not value the safety of the black study participants over the chance to "observe the consequences" of untreated syphilis. The experiment was run for forty years before an investigation ruled it unethical.⁶

In both the Tuskegee Experiment and the sterilizations of the Emergency, government officials made decisions that impacted the bodies of people that were of

⁴ Allan M. Brandt, "Racism and Research: The Case of the Tuskegee Syphilis Study," *The Hastings Center Report* 8, no. 6 (December 1978): 21, <https://doi.org/10.2307/3561468>.

⁵ Brandt, 24.

⁶ Brandt, 26.

lower socioeconomic standing. In the case of the Tuskegee Experiment, poor black farmers were exploited for the sake of a “natural study”, and in the case of the Emergency, the government of India targeted sterilization procedures at Muslims and lower caste Hindus. The examples illustrate that just because something is undertaken under the guise of public health does not mean that the health of citizens is of ultimate concern. Although the North Karelia Project is certainly an example of one of the most successful public health initiatives in history, not all targeted public health interventions prioritize the wellbeing of citizens.

Over the course of this thesis, I will examine a variety of primary and secondary sources. I will look into national and international factors that contributed to the Indian Government’s decision to carry out controversial population control measures, as well as see how the family planning program was described in the media and perceived by people in India at the time. Primary sources will include newspaper articles as well as memoirs written by a political prisoner and one of Indira Gandhi’s closest advisors. Furthermore, there will be an analysis of the infamous Turkman Gate incident that was investigated as part of the Shah Commission of inquiry. The Shah Commission investigated “excesses” that were reported to have occurred during the Emergency. In particular, the Turkman Gate incident involved rioting and police shootings in a majority-Muslim slum of New Delhi that occurred because of tensions surrounding slum clearance and family planning. This incident allows for a discussion about communal tensions in India and how those are reflected in events during the Emergency alongside class and political tensions. It is important to note that “communalism” in an Indian

political context has a different connotation than in other contexts. In Indian politics, communalism is a negative term referring to tension between religious groups that results in discrimination and often violence.⁷ The history of communalism in India stems from the days of the British Empire and Britain's efforts to “divide and rule” the Indian subcontinent. There was concern on the British side that a unified India would be strong enough to overthrow British rule, so efforts were taken to divide people along religious lines (most significantly, Hindu/Muslim). This division persists today, and communal forces were at play during the Emergency that add a layer of complexity to the issue of family planning. Unfortunately, this divide manifests still today and causes significant political upset.

Secondary sources useful to this investigation will be books and journal articles written about the Emergency and sterilization, including David Engerman's book *The Price of Aid* to evaluate international pressures on India leading up to the Emergency, Ramachandra Guha's book *India After Gandhi* for information about India before, during, and after the Emergency, Emma Tarlo's book *Unsettling Memories* that chronicles her field work interviewing people directly affected by the Emergency, and Gyan Prakash's book *The Emergency Chronicles: Indira Gandhi and Democracy's Turning Point*, a 2018 source that discusses many of the primary sources in this thesis and offers a concise overview of the Emergency and its effect on India.

This thesis will first cover secondary source materials written by people who have studied the Emergency or related subjects, in order to establish some background and

⁷ Harbans Mukhia, “Communalism and Indian Politics,” *Economic and Political Weekly* 18, no. 39 (September 24, 1983): 7–8.

expose the reader to what others have written about the topic. Then, an analysis of memoirs, newspapers, and governmental reports will provide insight into how the Emergency and its family planning program was perceived by people who lived through it, how the media portrayed events to citizens, and how government officials ultimately attempted to spin reports in their favor; namely, the Shah Commission revealed government excesses that were kept as censored as possible during the Emergency. This thesis will aim to show the complex national and international pressures that led to the Emergency and how electoral pressures, socioeconomic differences, and communal tensions impacted the Emergency's sterilization campaign.

Chapter One: Background

The complex history of international politics and foreign aid in the years after Indian independence in 1947 played a part in the development of the Emergency and its family planning efforts. In this chapter, I will survey respectively the international pressures and the domestic contexts within India between 1950s-1970. I will show that India's domestic policies on population control were in many ways shaped by international commitments and pressures.

The end of the Second World War in 1945 marked the start of a period of competition between the United States and USSR known as the Cold War. Both powers competed with each other in many spheres, from the development of nuclear and space technology to their degree of influence on developing countries by means of foreign aid. The success of the Chinese Communist Party in 1949 escalated tensions: it became one of the goals of the foreign policy of the United States to keep India out of the clutches of Communism.⁸ North American politicians felt that it would be possible to keep India from turning to Communism as long as the Indian economy could be stabilized. Food aid was seen as a way that the United States could promote that stabilization. In 1954, the US Senate passed the "Agricultural Trade Development and Assistance Act", also known as Food for Peace or Public Law (PL) 480 initiated in 1954. From this period on, India found itself under the influence of outside powers due to its reliance on foreign aid.⁹

⁸ David C. Engerman, *The Price of Aid: The Economic Cold War in India* (Cambridge, MA: Harvard University Press, 2018), 53.

⁹ Engerman, 3.

A potential problem inherent in accepting foreign aid is that aid received by recipient countries can be impacted by politics on either side that would be otherwise unrelated to the aid package. In the decades leading up to the Emergency, there were a number of events that contributed to tensions between the United States and India and therefore impacted aid. During the Indo-Pakistani conflict that led to the war of 1965, India became angry because of concerns that weapons given to Pakistan by the United States were being used against India despite promises that those weapons were only to be used by Pakistan against China.¹⁰ By September of 1965, the United States had decided to suspend all military and economic aid to India and Pakistan as incentive (or, more aptly, punishment) for the continuing hostilities between India and Pakistan. In particular, the PL480 food assistance program was suspended.¹¹ While the suspension only lasted a few months — through the end of the Indo-Pakistani war of 1965 — it illustrates how aid from foreign powers can be unstable when there is a conflict of interest between donor and recipient countries.

There was also tension between India and the United States in the mid-60's because India did not support the United States' decision to enter the Vietnam War. Policymakers in Washington felt that India was being hypocritical by “asking for aid with one hand while attacking American foreign policy with the other”.¹² As a “reminder of American power”, United States president Lyndon B. Johnson implemented a new “short tether” PL-480 strategy in an effort to push India to adopt policies in line with U.S.

¹⁰ Engerman, 221.

¹¹ Engerman, 221.

¹² Ramachandra Guha, *India After Gandhi: The History of the World's Largest Democracy*, 1st ed. (New York, NY: HarperCollins, 2007), 410.

interests.¹³ He would only approve food aid in one to two-month increments rather than annually. He sought to make food aid contingent upon increases in Indian food production, better population control, and less government regulation.

Unfortunately, this short tether came at a difficult time for India. The country was experiencing droughts in 1965 and 1966 that led to the failure of crops and the threat of famine. The issue of food shortage was exacerbated by the coinciding reduction in foreign food aid from the United States. Indira Gandhi met with Johnson in March of 1966 in an attempt to persuade him to “loosen the purse strings” and increase food aid so that India could avoid famine.¹⁴ In private talks, Johnson and Gandhi discussed “agriculture, family planning, India's economic development, and the need for peace in Asia”.¹⁵ The two leaders came to an agreement, and Johnson persuaded the U.S. Congress to endorse greater food aid to India.

However, it is important to note that this resolution supported *voluntary family planning programs*, including using U.S. funds for purchasing birth control measures like IUDs.¹⁶ Furthermore, while there is no transcript of the conversations between President Lyndon B Johnson and Prime Minister Indira Gandhi, Johnson told Congress that “the Indian government believes that there can be no effective solution [to] the Indian food problem that does not include population control”.¹⁷ This illustrates how food aid politics

¹³ Engerman, *The Price of Aid*, 229.

¹⁴ Engerman, 256.

¹⁵ “President Johnson's Daily Diary,” March 28, 1966, 4, http://www.lbjlibrary.net/assets/lbj_tools/daily_diary/pdf/1966/19660328.pdf.

¹⁶ Kristin L. Ahlberg, “‘Machiavelli with a Heart’: The Johnson Administration's Food for Peace Program in India, 1965–1966,” *Diplomatic History* 31, no. 4 (2007): 693–94.

¹⁷ Matthew Connelly, “Population Control in India: Prologue to the Emergency Period,” *Population and Development Review* 32, no. 4 (December 2006): 654.

became entangled with population control, and offers one example of how international politics influenced aspects of India's national planning.

The issue of overpopulation was becoming a worldwide concern, and India was seen as an example of a country that needed to tackle population control most strongly. The later half of the twentieth century ushered in a couple of potential solutions. First was the Green Revolution, during which there were increased crop yields due to the development of new agricultural technologies.¹⁸ The Green Revolution focused on ways to stretch food limits further. The use of fertilizer and heartier varieties of wheat, corn, and other crops led to an increase in agricultural output worldwide.

In his book *Geopolitics and the Green Revolution*, John Perkins explores the politics that drove the United States, Mexico, India, and Britain to adopt Green Revolution technologies. India experienced foreign and domestic pressures to adopt the Green Revolution technologies, in part because it was believed that this would help alleviate the burden of the population problem and enable India to achieve greater independence, but also because of international pressures that served foreign interests. For example, the United States Agency for International Development (USAID) put pressure on India to adopt the use of chemical fertilizers.¹⁹ It is likely the U.S. interest in increasing Indian fertilizer usage was in part due to a potential opportunity to construct American fertilizer plants in India. The Indian Cabinet ultimately rejected the fertilizer plant projects due to concerns that they would impinge upon Indian economic

¹⁸ John Perkins, *Geopolitics and the Green Revolution: Wheat, Genes, and the Cold War* (New York, NY: Oxford University Press, 1997).

¹⁹ Engerman, *The Price of Aid*, 250.

independence, showing that Indian officials were well aware of the complexities of accepting foreign aid and how doing so often came at the cost of independence.²⁰

The path toward greater food independence during the Green Revolution proved complicated. India was trying to simultaneously build up its industrial and agricultural sectors, and relied on capital from agriculture to support industrialization.²¹ However, because the Indian government had chosen to follow a Soviet model of allocating a significant portion of funding for industrialization, India had limited capital available for the agricultural industry. This, along with the misfortune of the droughts in 1965 and 1966, is part of the reason that India remained dependent upon foreign food aid via PL-480 despite greater use of Green Revolution fertilizers. Ironically, reliance on PL-480 also meant that Indian producers found it difficult to compete with the comparatively lower price of American grains.²² While the Green Revolution increased food production, India was still reliant on foreign food aid, and fear of famine and related concerns about population growth still remained issues for the Indian government; therefore, effective family planning remained an important domestic goal.

While the Green Revolution attempted to solve the issue of overpopulation and famine risk by increasing environmental output to meet human need, Stanford professor Paul R. Ehrlich recommended population control as a method to do the opposite: adjust human demand to meet the limits of the environment. In 1968, Ehrlich, professor of biology and population studies, published the book *The Population Bomb*. He predicted that the world's population would soon overwhelm the planet's limited food resources,

²⁰ Engerman, 250.

²¹ Perkins, *Geopolitics and the Green Revolution*, 175.

²² Perkins, 175.

leading to famine and the death of millions.²³ Ehrlich suggested that coercive population control measures could be used to combat the population problem if voluntary population control measures were insufficient.²⁴ His predictions about population were a resurgence of Malthusian philosophy, based on the 1798 writings of Reverend Thomas Robert Malthus. Malthus proposed that that if left unchecked, the population would grow geometrically while the food supply would grow only linearly, although this model is not based on rigorous mathematics but rather on arbitrary assumptions.²⁵ Regardless of the accuracy of Malthusian predictions, *The Population Bomb* certainly influenced people during the late 1960s and 1970s, especially Sanjay Gandhi, Indira Gandhi's son and a major proponent of family planning.

India had historically employed a number of family planning methods, including condom use and intrauterine devices (IUDs), alongside sterilization.²⁶ It also has a history of foreign powers and organizations intervening and recommending more and more intense family planning measures. In a way, India became the go-to example of a country that needed its population problem fixed, and everyone seemed to want a hand in it, including not only India's own Ministry of Health and Family Welfare, but also the United Nations (UN), the World Bank, the Ford Foundation, the Population Council, and the International Planned Parenthood Foundation.²⁷

²³ Paul R Ehrlich, *The Population Bomb* (New York: Ballantine Books, 1968), http://projectavalon.net/The_Population_Bomb_Paul_Ehrlich.pdf.

²⁴ Ehrlich.

²⁵ Mohan Rao, "An Imagined Reality: Malthusianism, Neo-Malthusianism and Population Myth," *Economic and Political Weekly* 29, no. 5 (1994): PE40–52.

²⁶ Davidson R. Gwatkin, "Political Will and Family Planning: The Implications of India's Emergency Experience," *Population and Development Review* 5, no. 1 (1979): 32, <https://doi.org/10.2307/1972317>.

²⁷ Connelly, "Population Control in India: Prologue to the Emergency Period," 630.

International pressures had set a precedent for coercion in family planning in the two decades preceding the Emergency. As previously discussed, U.S. President Lyndon B. Johnson used food aid as leverage to incentivize population control improvements in India, and the U.S. Congress approved use of American aid funding for purchasing IUDs. The United States was one many outside forces recommending IUDs to India as a solution for population control. By 1966, family planning efforts in India had been largely underwhelming; the UN was recommending “a tenfold increase in the rate of sterilizations”, and all experts saw promise in the IUD as an option both relatively less expensive and less reliant on female motivation and compliance than the birth control pill.²⁸ A campaign to make IUD usage widespread in India saw 29 million women receive an IUD between 1965 and 1967. Interestingly, members of the Population Council were also on the Ford Foundation and World Bank teams.²⁹ This suggests that conflict of interest could have been a potential issue in population control organizations and illustrates that while there were a number of organizations involved in population control efforts, they were interconnected and had similar agendas.

There was likely a lack of diversity in experience and representation in these organizations. Alan Guttmacher, head of the Population Council, “judged that the IUD’s side effects were less important than the fact that it could be promoted in a mass program with few medical personnel”.³⁰ He convinced other people in positions of power as well, and even though the Health Ministry researchers had yet to finish their studies about the IUD, it was introduced because, in the words of the Christopher Tietze, the

²⁸ Connelly, 649–50.

²⁹ Connelly, 649.

³⁰ Connelly, 650.

Population Council's lead investigator, there "was such a feeling of urgency among professional people, not among the masses, but something had to be done. And this was something that you could do to people rather than something people could do for themselves. So it made it very attractive to the doers".³¹ The perceptions and opinions of "professionals" in power overshadowed the experiences of the "masses".

The choice to use sterilization as a major population control measure during the Emergency could have been made because the Indian government similarly felt that taking population control into their own hands would be the most effective method for guaranteeing that population control targets were met or exceeded, much like people in positions of power in the 1960s felt that they would rather rely on themselves than other people to manage fertility. In cases like this, the individual rights of the person affected by the population control measure, be it an IUD insertion or a sterilization procedure, are judged as less important than the general trend of a population's growth rate. It is also ironic that the man who decided that an IUD's benefits for the masses outweighed the risks to individual women would never be faced with the prospect of being coerced into any sort of population control procedure, let alone have to face the potential side effects of an IUD insertion.

For the first time in Indian family planning history, the Indian Ministry of Health, at the urging of the UN and other expert committees, decided to set fertility reduction targets (quotas) and to implement "promotional incentives" (financial incentives) in order to motivate women to agree to IUD insertion.³² Yet even as the Indian government

³¹ Connelly, 650.

³² Connelly, 650.

began to financially incentivize its citizens to undergo IUD insertion, the Indian government itself was being financially incentivized by external aid packages. The UN, the Ford Foundation, the World Bank, and the United States Agency for International Development (USAID) provided a large portion of India's annual 1.5 billion dollar aid package.³³ The World Bank recommended that any woman who had an IUD inserted and any midwife who escorted a woman to an IUD insertion appointment would be given two rupees (roughly a day's salary) "to cover meals and transport".³⁴ This precedent of attaching quotas and financial incentives to family planning initiatives foreshadows strategies used by the Indian government during the Emergency sterilizations to motivate or coerce compliance. The reports of aggressive quotas and coercive incentives that came from the Emergency's sterilization campaign are decidedly less surprising given the history of Indian family planning programs and the significant national and international pressures that India had been facing for decades prior to the Emergency.

Furthermore, the IUD campaign was undertaken with relatively little regard for the side effects of IUD insertion, foreshadowing the lack of consideration for individual bodily rights that would be given to people coerced into sterilization during the Emergency. Physicians were given unrealistic, unsafe targets and paid to meet those targets, but no follow-up for patients was required.³⁵ The Population Council, which coordinated IUD programs globally, began receiving increasing reports of IUD insertions worldwide. In Singapore, a country known for having better medical care than most

³³ Connelly, 651.

³⁴ Connelly, "Population Control in India: Prologue to the Emergency Period," 651.

³⁵ Connelly, 654.

other countries, 20 women out of 3,400 that had received an IUD suffered from a perforated uterus.³⁶ This was “a rate 15 times higher than anticipated” that prompted experts to agree that “there must be many cases of undiagnosed perforations in other programs”.³⁷ Heavy bleeding and ectopic pregnancy were other reported side effects; in June 1966, “Delhi received reports that in some areas nearly half of all women fitted were complaining of prolonged bleeding”.³⁸

Indira Gandhi was well-aware of the history of family planning in India and had been invested in family planning efforts since before becoming Prime Minister in 1966. During her time as Minister of Information from 1964 to 1966, she advocated for the distribution of radios in rural communities that would be used to share family planning information.³⁹ She also pressured Shushila Nayar, India’s Union Health Minister at the time, to pay women who would undergo IUD insertions.⁴⁰ In 1970, she donated her ancestral family home, Anand Bhavan, so that it could be converted into an Institute for Family Planning.⁴¹

But many other factors contributed to the decision on the part of the Indian Government to declare a state of national emergency, and tip over into a policy of coercive sterilization. Economically, India was struggling. Droughts had reduced India’s food production, an increase in global oil prices due to the OPEC oil embargo of 1973 had significantly increased India’s import spending and reduced Western demand for

³⁶ Connelly, 655.

³⁷ Connelly, 655.

³⁸ Connelly, 656.

³⁹ Connelly, 653.

⁴⁰ Connelly, 653.

⁴¹ Connelly, 653.

Indian goods, and India's currency inflation was the highest it had been since independence from the British in 1947.⁴² Furthermore, President Nixon and his national security advisor later and secretary of state Henry Kissinger were known for anti-India sentiment and held India responsible for the Indo-Pakistani conflict of 1971, using that as a reason to significantly reduce America's economic aid to India and effectively adding to the economic stress that India was experiencing in the years leading up to the Emergency.⁴³

Political opposition to the Congress Party and to Indira Gandhi herself was also mounting. On June 12, 1975, an Allahabad High Court judgement by justice Jagmohanlal Sinha had found Indira Gandhi guilty of violating aspects of election law in the 1971 election cycle, per the petition of Indira Gandhi's political opponent Raj Narain.⁴⁴ This judgement would effectively bar Indira Gandhi from participating in elections for the next six years.⁴⁵ Indira Gandhi responded to this judgement forcefully. On June 25th, 1975, she persuaded the President, Fakhruddin Ali Ahmed, to declare that an emergency existed in the course of which the fundamental rights of citizens were suspended. Such an action was authorized by Article 352(1) of the Indian Constitution of 1950. It authorized the President to declare an emergency if the Prime Minister advised him that "a grave emergency exists whereby the security of India or of any part of the territory thereof is threatened".⁴⁶ In this particular case, "internal disturbances"

⁴² Gwatkin, "Political Will and Family Planning," 31.

⁴³ Engerman, *The Price of Aid*, 329.

⁴⁴ J.S. Bright, *Allahabad High Court to Shah Commision* (Rajouri Garden, New Delhi: Deep & Deep Publications, 1979), 2.

⁴⁵ Bright, 4.

⁴⁶ Government of India, "The Constitution of India," n.d., 218.

were cited as a threat to national security.⁴⁷ Since ordinary constitutional government by elected members of the Lok Sabha was also suspended thereby, the declaration of an Emergency allowed Indira Gandhi to subvert the ruling of the Allahabad High Court, and continue to govern the country with a handful of her chosen favorites.

“The Emergency” lasted from June 25th, 1975 to March 22, 1977. During this period, political opponents of Indira Gandhi were arrested, the press was censored, and strikes were made illegal. Those arrested were done so without trial due to the Maintenance of Internal Security Act (MISA). Thousands of people were still detained under the Maintenance of Internal Security Act (MISA).⁴⁸ The focus of the government had officially shifted from “careful respect of individual rights to a new determined advocacy of productive efficiency”.⁴⁹ It is in this environment that a family planning program that implemented coercive sterilization measures took shape. It is rather interesting, to note that despite Indira Gandhi’s own awareness of population control measures, here Twenty-Point Plan promulgated during the Emergency did not include family planning at all. The actual initiative for this coercive measure appears to have come from, and been managed by, her younger son, Sanjay, given that family planning was instead mentioned in Sanjay Gandhi’s own five-point plan.⁵⁰

The family planning spearheaded by Sanjay Gandhi during the Emergency focused strongly on the sterilization method. While both males and females were

⁴⁷ Gyan Prakash, *Emergency Chronicles: Indira Gandhi and Democracy’s Turning Point* (India: Penguin Random House, 2018), 9.

⁴⁸ Subin Paul, “When India Was Indira: Indian Express’s Coverage of the Emergency (1975-77),” *Journalism History* 42, no. 4 (January 1, 2017): 207, <https://doi.org/10.1080/00947679.2017.12059157>.

⁴⁹ Gwatkin, “Political Will and Family Planning,” 31.

⁵⁰ Bright, *Allahabad High Court to Shah Commission*, 24.

sterilized during the Emergency, male sterilization was particularly popular, perhaps because vasectomies (male sterilizations) are less invasive and faster surgeries than tubectomies (female sterilizations). During the twenty three years between 1956 and 1979, there were a total of 29,636,100 sterilizations performed. However, 36.88% of the sterilizations over that time period were performed in the two years of the Emergency — January 1975 to March of 1977. India's Ministry of Health and Family Welfare reports that there were 2,668,754 sterilizations carried out from 1975 to 1976 and 8,261,173 sterilizations carried out from 1976 to 1977.⁵¹ This is a total of 10,929,927 people sterilized during the years dominated by the Emergency. These numbers illustrate that Sanjay Gandhi's sterilization campaign was aggressive, extensive, and unprecedented. As a numerical representation of a recoil against the intensity of the Emergency's sterilization campaign, in the year after the Emergency from January 1977 to March 1978, only 942,402 people were reportedly sterilized.⁵²

So who were the targets of such an aggressive State policy? It is commonly claimed that Muslims and lower caste Hindus were targeted for sterilization as part of the family planning initiative. The issue of communalism, in addition to the well-known discrimination in the caste system during this time, helps explain why these groups may have been targeted most aggressively for sterilization. Since 1961, data suggested that the percentage of Hindus in the total India population has been declining relative to

⁵¹ Marika Vicziany, "Coercion in a Soft State: The Family-Planning Program of India: Part I: The Myth of Voluntarism," *Pacific Affairs* 55, no. 3 (1982): 386, <https://doi.org/10.2307/2757117>.

⁵² Vicziany, 386.

Muslims.⁵³ Reported census data show that 84.4% of people in India were Hindu in 1961, and 9.9% were Muslim. By 1971, 83.5% of people were Hindu while 10.4% were Muslim.⁵⁴ In other words, during the decade preceding the Emergency, the percentage of Hindus had fallen by 0.9% while the percentage of Muslims had risen by 0.5%. Although this change was slight, it generated feelings of conflict between Hindus and Muslims, who already had a history of conflict as a result of the British Empire's policy of "divide and rule" and the messy 1947 partition of British India into the separate independent nations India and Pakistan. Pakistan became majority-Muslim while India was majority-Hindu. Hindus that desired that India remain majority-Hindu reportedly feared being outnumbered by Muslims when they discovered that the Muslim population was growing faster than the Hindu population.⁵⁵ This fear could have influenced Sanjay Gandhi when he was deciding where to focus family planning efforts.

Contributing to the perception that the Muslim population was growing more quickly than the Hindu population were misconceptions that the religion of Islam was fundamentally against family planning and that a Muslim man's ability to have up to four wives would increase Muslim fertility rates. It is worthwhile to note that family planning is not explicitly forbidden in Islam and that polygamy is not necessarily correlated with higher fertility rates.⁵⁶ Nevertheless, these perceptions persisted, potentially perpetuating the idea that Muslims have large families and ought to be targeted in

⁵³ Leela Visaria, "Demography of Religious Groups in India: Evidence versus Myths," in *Religious Demography of India*, ed. Lancy Lobo and Jayesh Shah (Jawahar Naga, Jaipur: Rawat Publications, 2018), 48.

⁵⁴ Visaria, 49.

⁵⁵ Visaria, 50.

⁵⁶ Lancy Lobo and Jayesh Shah, "Introduction," in *Religious Demography of India* (Rawat Publications, 2018), 23–43.

family planning efforts. Additionally, Muslims were likely to elect out of sterilization whenever possible because large families were culturally valued and it was seen as God's decision whether or not one has more children, not the state's decision.

In her book *Contraceptive Acceptance: A Sociological Perspective*, sociologist Bharti Rastogi explores the impact of religion on contraceptive behavior in more detail. Rastogi states that there has historically been an understanding in Islam that the purpose of marriage is procreation, and that the more children one has, the more one contributes to increasing the followers of Islam.⁵⁷ Furthermore, becoming a mother affords a woman a higher level of social status and respect. Studies in 1988 and 1990 illustrated that many Muslim couples did not believe that family planning was in line with religious doctrine and therefore would oppose family planning on religious grounds.⁵⁸ However, most modern contraceptive methods would be acceptable; scholars state that it is a misconception that Islamic law prohibits contraception.⁵⁹ This misconception could partially explain the higher fertility seen in Muslims, but there could be other socioeconomic factors at play.

Data from the National Family Health Survey from 1992-1993 suggested that maternal education levels are strongly correlated to fertility rates (fertility declines with increasing education level regardless of religious group), but that Muslims tended to have higher fertility than Hindus even when controlling for education.⁶⁰ However,

⁵⁷ Bharti Rastogi, *Contraceptive Acceptance: A Sociological Phenomenon* (Varanasi: Bharati Prakashan, 2017), 130.

⁵⁸ Rastogi, 130.

⁵⁹ D. Atighetchi, "The Position of Islamic Tradition on Contraception," *Medicine and Law* 13, no. 7-8 (1994): 717-25; Visaria, "Demography of Religious Groups in India: Evidence versus Myths."

⁶⁰ Rastogi, *Contraceptive Acceptance: A Sociological Phenomenon*, 134-35.

scholars agree that the differences in fertility between Hindus and Muslims are not significant to cause any change in the relative Hindu majority in India anytime within the next few centuries, suggesting that the particular targeting of Muslims during the Emergency appears to be based mostly in communalism and Hindu leaders' fears that they would lose majority power India to Muslims.

A question that remains is this: why did the targeted populations comply with the central Government? Emma Tarlo's 2003 book *Unsettling Memories* offers a qualitative look at the impact of the Emergency and sterilization efforts on people directly affected by the Government's family planning campaign and helps answer this question. Tarlo conducted fieldwork through which she interviewed many people living around Delhi who were affected by the Emergency. She spent a large amount of her time in Welcome, one of 47 resettlement colonies created for people who had been evicted from New Delhi slums.⁶¹ People spoke about the fact that in order to renew work licenses, for example, the government would require that you show proof that you had been sterilized or had gotten people to go in your place. The poorer one was, the more difficult it tended to be to be able to avoid the pressure to be sterilized.⁶² One man stated that his brother, a Brahmin and a respected teacher, was able to avoid sterilization because of his caste and profession, further illustrating a socioeconomic divide in sterilization campaign experiences.⁶³ On the other hand, a different man described how his wife had gone to a Delhi hospital because she felt ill and had been

⁶¹ Emma Tarlo, *Unsettling Memories: Narratives of the Emergency in Delhi* (Berkeley, CA: University of CA Press, 2003).

⁶² Tarlo, 148.

⁶³ Tarlo, 147.

sterilized without her knowledge or consent. The doctors said, upon questioning, that the “operation was compulsory for everybody”.⁶⁴ However, while many people reported feeling coerced into sterilization or, in some cases, being sterilized against their will, there were people who were voluntarily sterilized, such as one man who had nine children and, when offered eighty-five rupees for undergoing sterilization, thought, “why not? Who dislikes money?”⁶⁵ Ironically, his operation was unsuccessful and his wife became pregnant with their tenth child despite the procedure. Nevertheless, he was not the only person that Tarlo interviewed who had decided to voluntarily undergo sterilization; many did so to earn a plot of land from the Delhi Development Authority (DDA). The interviews in Emma Tarlo’s book show that even people in a single resettlement colony experienced the sterilization campaign pressures differently and varied greatly in their own personal willingness to undergo sterilization. Although Tarlo concedes that people’s accounts of events might be incomplete or misremembered, the interviews show general trends that are important for a more complete understanding of the impact of the Emergency and its government-sanctioned sterilization. People who were at a socioeconomic disadvantage were more likely to experience pressure to be sterilized, and while some people were forced or coerced into sterilization, others felt that incentives such as money or land were worth going under the knife.

With a greater understanding of the economic, political, and social factors at work before and during the Emergency, we can now transition into a discussion of primary sources that further enrich our understanding of the Emergency and its sterilization

⁶⁴ Tarlo, 158.

⁶⁵ Tarlo, 163.

campaign. As we have seen, Indian leadership was under immense national and international pressure to control its population. The choice to implement a sterilization campaign was a policy decision made in response to these pressures. Furthermore, when considering the Emergency's sterilization campaign in light of the history of financial incentivization and the disregard for an individual's bodily rights relative to the perceived benefit of population control for the masses seen during the 1960s IUD campaign, the coercive nature of Emergency sterilization becomes less surprising, with the caveat that the Emergency sterilization campaign was unprecedented in terms of the number of people affected and the degree to which the power of coercion was abused by the government. The implementation of the policy was influenced by communal and class tensions of the time, as well as historical concerns about population quality and misguided beliefs about the relative fertility of Muslims to Hindus that arose due to the Hindu majority's (statistically unfounded) fear of losing that majority to Muslims. In the next three chapters, we will move to a closer reading of the primary sources on the Emergency and its family planning campaign to learn more directly about individual citizens' experiences and views of this episode in their country's demographic and political history.

Chapter Two: Memoirs

This chapter will examine primary materials that offer insight into how events were perceived by individuals living in India at the time. It looks closely at two memoirs in particular written in the aftermath of the Emergency, but which refer to it. One is Primila Lewis' memoir *Reason Wounded*. The other is Prithvi Nath Dhar's memoir *Indira Gandhi, the Emergency, and Indian Democracy*.

Primila Lewis is an author who was arrested during Indira Gandhi's Emergency. From 1971 to 1975, Lewis spent time in Mehrauli, a small neighborhood outside of Delhi. She worked with poor agricultural laborers who were being denied labor rights, helping them to organize themselves into a union and to put pressure on authorities to secure fairer wages and better treatment from landowners. However, Lewis had caught the attention of Indira Gandhi, in part because the prime minister and other powerful people owned property in Mehrauli. After Primila Lewis returned to India from England in July of 1975, she found Indian police waiting to arrest her at Delhi airport.⁶⁶ Even though she had done nothing illegal, she had caused upset during a time when it was dangerous to do so, and that resulted in her eighteen-month imprisonment.

While Lewis is not directly affected by the Emergency's sterilization campaign, she does offer some insight on the topic. She briefly mentions the city of Muzaffarnagar in Uttar Pradesh, in which she states that "hundreds of unarmed men and women were shot down by the police when they demonstrated against the forced sterilizations. This

⁶⁶ Primila Lewis, *Reason Wounded: An Experience of India's Emergency* (New Delhi: Vikas Publishing House, 1978), 94.

time even the rubber-stamp parliament was forced to ask a few questions and Mrs. Gandhi reluctantly admitted that “only” forty four people had been killed in the police shooting”.⁶⁷

This is a large claim to take at face value, and therefore it will be worthwhile to explore this incident. How were forced sterilizations done in Muzaffarnagar and who was affected? How was the incident described in the media? While Lewis’ memoir does not provide more details, it certainly suggests that the number of deaths reported in the government-controlled media might be a gross underestimate of the true extent of the violence that actually took place. In the next chapter on newspaper coverage of the Emergency and sterilizations, we will examine how newspapers describe the Muzaffarnagar incident.

Lewis claims that “the entire populace, especially the peasants and workers, [were] subjected to the most crude mass sterilizations irrespective of age, physical fitness or fertility” and that “government employees, particularly the grade-four employees, were threatened with non-payment of wages, loss of increments and even of their jobs if they did not...help fill the required quotas”.⁶⁸ (Grade-four employees are entry-level employees; in other words, they likely had comparatively little social clout to contest sterilization. Increments are increases to salary.) This suggests that social status affected one’s likelihood of being sterilized. The more authority one had, the more likely it was that one would be subjected to sterilization.

⁶⁷ Lewis, 27–28.

⁶⁸ Lewis, 169.

While Lewis claims that people were sterilized indiscriminately, other sources suggest that there were, in fact, some particularly targeted groups who were sterilized. For example, Emma Tarlo reports that people who already had two or three children were especially pressured to undergo sterilization.⁶⁹ This suggests that employees might have faced less pressure if they did not already have more than one child. Additionally, Lee Schlesinger conducted field work in 1975 and 1976 in a small Maharashtrian village while a doctoral candidate at the University of Chicago. Schlesinger reported that in this Maharashtra village, “the criterion for [sterilization] eligibility was having at least three children, unless all were female, in which case the number would be four. As many men on the list as could be found were jeeped to the clinic, examined to determine fitness to undergo the operation, usually operated on, and then returned the same evening to their village”.⁷⁰

While evidence from both Schlesinger and Tarlo suggests that it is an exaggeration for Primila Lewis to state that “the entire populace” was subjected to indiscriminate sterilization, it is entirely possible that many people, including those whom Lewis received information from or about, were forced into sterilization regardless of family size or health.⁷¹ We cannot determine exactly from whom Primila Lewis was obtaining information about the family planning campaign, but she certainly had exposure to a number of people who would not have had the opportunity to otherwise discuss their experiences with someone who would share the information as Primila Lewis was able to do via her book. At the most, all that can be verified is that not all

⁶⁹ Tarlo, *Unsettling Memories*, 11.

⁷⁰ Lee Schlesinger, “The Emergency in an Indian Village,” *Asian Survey* 17, no. 7 (July 1977): 640–41.

⁷¹ Lewis, *Reason Wounded: An Experience of India’s Emergency*, 169.

sterilization processes were indiscriminate; some areas in India did practice restraint in who was selected for sterilization. Additionally, multiple sources support the claim that people's jobs were used as collateral to coerce people to be sterilized.

Field work provides isolated data about particular regions in India, but each region experienced the effects of the sterilization campaign differently, which is important to keep in mind. For example, Haryana is known to have been particularly aggressive in its attempts to meet and exceed sterilization targets, but other states were not known to be as aggressive and could have followed more restrictions. Additionally, officials in different areas could have been more or less open to allowing someone to buy their way out of sterilization, and one's social status could certainly impact the likelihood that one is able to maneuver one's way out of a required sterilization.

Along with Primila Lewis' perception of sterilization during the Emergency and reports from Emma Tarlo and Lee Schlesinger's field work in villages, we can look at Prithvi Nath Dhar's memoir of the Emergency, *Indira Gandhi, the 'Emergency, and Indian Democracy*. P. N. Dhar was considered one of her closest advisors during that time. His memoir provides a different perspective than that of Primila Lewis who was not directly involved in the government during the Emergency and had no personal contact with Indira Gandhi.

In his account of the Emergency, P. N. Dhar discusses many of the factors that led to the Emergency. Of particular interest for this thesis is his perspective on the family planning campaign and specifically the role of Sanjay Gandhi in that campaign given his insider position in the Indian Government. As discussed earlier, there were a

number of stressors on the Indian economy in the years leading up to the Emergency. Dhar mentions drought, war, the OPEC oil price hike in 1973, and severe inflation with a price increase of 24 percent — the highest increase since Independence in 1947 — as factors that led, unsurprisingly, to political turbulence that culminated in the 1975 JP movement.⁷² Indira Gandhi responded to the crisis by declaring the Emergency. Dhar's account supports other discourse on the subject: during the Emergency, citizens were deprived of rights, newspapers were censored, and political dissent was suppressed via "arrests and harsh police measures" such as those described by Primila Lewis in *Reason Wounded*.⁷³ The common way to refer to questionable events that occurred during the Emergency was to refer to them as "excesses". Dhar implicates Indira Gandhi's son Sanjay Gandhi in many of these infamous excesses.

Sanjay Gandhi wielded a significant amount of power during the Emergency despite having no official governmental position of authority.⁷⁴ While his connection to Indira Gandhi offered some unofficial authority, he was also strongly supported by the Indian Youth Congress, the youth wing of the Indian National Congress. Sanjay Gandhi had a five-point plan for improvements in India, but Dhar states that the slum clearance and family planning components were "most relentlessly" pursued despite little practical benefit.⁷⁵ Dhar says, "officials, policemen, and teachers were all dragooned and intimidated to achieve targets... As the stories of victimization passed from mouth to

⁷² Prithvi Nath Dhar, *Indira Gandhi, The "Emergency", and Indian Democracy* (New Delhi: Oxford University Press, 2000), 219.

⁷³ Dhar, *Indira Gandhi, The "Emergency", and Indian Democracy*; Lewis, *Reason Wounded: An Experience of India's Emergency*.

⁷⁴ Dhar, *Indira Gandhi, The "Emergency", and Indian Democracy*, 267.

⁷⁵ Dhar, 267.

mouth the numbers of alleged victims multiplied a thousand-fold and the nature of the alleged oppressions gained in brutality”.⁷⁶ His description shows that rumors of coercion and police brutality were commonly circulating. While he concedes that some circulating stories were exaggerated, they had a disturbing “hard core of truth”.⁷⁷

P. N. Dhar’s unique position as one of Indira Gandhi’s closest advisors allows us a window into what the Prime Minister thought about reports of excesses committed in the name of family planning. He says that she was initially enthusiastic about the program, but began to have reservations as reports of coercive measures surfaced. She began to have concerns about the ethics of the program. She was also concerned about Bansi Lal Legha, the defense minister during the Emergency and one of Sanjay’s key supporters. Despite her growing reservations, Dhar states that she had a “blind spot” for Sanjay that prevented her from speaking up against the growing reports of excesses.⁷⁸

Primila Lewis, P. N. Dhar, Emma Tarlo, and Lee Schlesinger all offer different perspectives on the Emergency and the experience of the family planning program. While some rumors that circulate about family planning were likely exaggerations, the fact remains that the consistency of reports shows that the family planning program was ethically questionable, something that Dhar says even Indira Gandhi was aware of despite her reluctance to speak out against her son’s management of it. People living in India during the Emergency were aware that something was happening and that these “excesses” were victimizing vulnerable people.

⁷⁶ Dhar, 267.

⁷⁷ Dhar, 340.

⁷⁸ Dhar, 343.

Chapter Three: Newspapers

Memoirs provide one lens with which to view the events of the Emergency, but one also wonders how the Emergency and family planning efforts were portrayed in the media that people would regularly consume. This chapter will try to re-read some contemporary newspapers of the period of the Emergency in India, even though most newspapers were heavily censored by the government. Most papers were prohibited from publishing content that criticized the government. Therefore, when discussing newspaper reports of the Emergency, we must analyze both what they report and what they fail to report. Newspapers used in this research were *The Times of India* and *The Indian Express*. *The Times of India* was a newspaper more strongly controlled by censorship and more sympathetic to Indira Gandhi and her regime. By contrast, *The Indian Express* served as a more critical voice despite censorship.

The censorship of newspapers during the Emergency began immediately. On the night of June 25th, 1975, when the Emergency was declared, newspresses in Delhi experienced a power cut that prevented the printing of news for two days.⁷⁹ In other parts of India, news presses were raided and newspaper bundles confiscated. Censorship had taken hold quickly: newspaper companies were unable to report the fact that on June 26th, hundreds of political activists and trade unionists that opposed Indira Gandhi and her Congress Party were arrested; over the course of the Emergency, over two hundred journalists would join those opponents in jail.⁸⁰

⁷⁹ Paul, "When India Was Indira," 201.

⁸⁰ Paul, 201.

On September 30, 1976, an article in the *Times of India* featured an interview of Prime Minister Indira Gandhi. Gandhi discusses the “separatism and divisionism” in India, which she describes as baseless propaganda.⁸¹ She blames foreign powers in supporting divisive forces in India and backing that support with money. It is not clear exactly what she means by foreign support and what divisive forces she is specifically talking about, but there is some truth to the fact that foreign interests in India are often bolstered by financial incentives, as discussed in *The Price of Aid*. However, as shown in Primila Lewis’ memoir *Reason Wounded*, we find evidence that there were people within India who were dissatisfied by the state of politics in their country and were rebelling against Indira Gandhi’s regime regardless of external support, financial or otherwise. It is in Indira Gandhi’s best personal and political interest to shift the blame for any unrest onto foreign powers rather than addressing the fact that her Emergency might be generating unease amongst the Indian people. This article appears biased in favor of Indira Gandhi; a more unbiased article might have addressed that both internal and external forces could be contributing to instability in India, but for Indira Gandhi to do have admitted that herself in this interview would have been to undermine the effectiveness of her Emergency by admitting that the Emergency was not preventing dissent amongst her people and might in fact have been worsening it.

The same article goes on to discuss the family planning efforts of the Emergency. Indira Gandhi perpetuates the narrative that while family planning could be interpreted as interference in people’s private lives, population control was necessary

⁸¹ “PM Attacks Alien Bid,” *The Times of India (1861-Current)*; *Mumbai, India*, October 1, 1976, 1.

for India's progress.⁸² There is an implication that anti-family planning is anti-nationalism, and that anyone vying for the strengthening of India as a nation should recognize and support the need for family planning.⁸³ While it is true that family planning as a concept is not inherently bad or unethical, the controversy surrounding family planning during the Emergency suggests that Indira Gandhi's government chose methods that were less than palatable for many citizens.

This article briefly mentions the alternative medical systems Ayurveda and Unani as providing alternative methods for family planning. While it is unclear if the interviewer or Indira Gandhi herself had brought alternative medicine into the conversation, the prime minister was reportedly "happy that the government had succeeded in making everybody think of family planning seriously" and stated that "the government was not averse to alternative methods".⁸⁴ However, as discussed earlier in this thesis, the Indian government was under pressure from foreign powers to provide proof of population control in order to obtain foreign aid. Therefore, it makes sense that the government would be more interested in family planning that guaranteed that people were sterilized rather than alternative methods that could be less efficacious.

In this interview, Indira Gandhi addresses the "whispering campaign" against family planning, claiming that it led to the "beating up of policemen in 2 or 3 places in Calcutta when they went to arrest some people on criminal charges because it was stated that people were being taken away for sterilization".⁸⁵ It is unclear from the way

⁸² "PM Attacks Alien Bid," 1.

⁸³ "PM Attacks Alien Bid," 1.

⁸⁴ "PM Attacks Alien Bid," 1.

⁸⁵ "PM Attacks Alien Bid," 1.

the incident is described in the newspaper whether the people who were being arrested on criminal charges were going to be sterilized, or whether the people feared that the police had come to sterilize them even though the purpose of the police visit had been only to arrest criminals. Assuming the latter, civilians had beat up policemen because they were afraid of being taken away for sterilization. While Indira Gandhi goes on to minimize the implications of this event, it is worthwhile to consider that perhaps the citizens were fearful of being sterilized due to previous sterilization efforts in their villages or hearing about sterilization efforts in other regions. The fact that people would beat up policemen because of fear of sterilization suggests that people were not trusting of the police and were willing to protect their bodily autonomy with force.

The article goes on to discuss a whispering campaign against cholera inoculation that had occurred in Uttar Pradesh (UP). A rumor was started that the cholera vaccinations given to students were actually sterilizing them.⁸⁶ This rumor illustrates two interesting points: firstly, that citizens have a significant lack of medical understanding to come to the belief that a shot could sterilize anyone (this technology is not available), and secondly, that like in Calcutta, people in Uttar Pradesh feared being sterilized without their express consent. This fear of governmental authority is also seen later in this thesis when the Turkman Gate incident is discussed.

The inclusion of the UP rumor right after mention of the issues in Calcutta suggests to the reader that the upset in Calcutta should be viewed similarly to the rumor that cholera inoculations were sterilizing students: that both of these things are

⁸⁶ "PM Attacks Alien Bid," 1.

unfounded and were simply whispering campaigns that went too far. However, other sources contradict what the newspaper article implies. For example, In his report of field work done in a Maharashtrian village, Lee Schlesinger describes a month-long sterilization campaign in which, in order to meet sterilization targets, police entered the village and carted men off for coerced sterilization based on lists that had already been prepared by village leaders.⁸⁷ Schlesinger states that after this experience, the villagers had very negative perceptions of the sterilization campaign and the Emergency in general.⁸⁸ Unfortunately, this field work illustrates that the fear of unwanted sterilization by the government was, in fact, more than an unfortunate rumor, and not simply a “whispering campaign” that was anti-family planning and therefore anti-nation, as the article is phrased to suggest. Its sympathetic tone toward family planning is a reflection of the censorship standard that newspapers were pushed to adhere to during the Emergency.

Another concerning issue touched on in this article was whether or not the sterilization procedures championed by the family planning campaign ever led to complications. The article reads, “a senior officer had told [Indira Gandhi] that sterilization leads to cancer, while she knew from hospital records that sterilization never led to complications.”⁸⁹ The problem with this phrasing is that yes, sterilization may not lead to cancer, but that is not because sterilization “never [leads] to complications”. The truth is that sterilization *can* lead to complications, and just because something is not shown in a hospital record does not mean it did not happen.

⁸⁷ Schlesinger, “The Emergency in an Indian Village,” 640.

⁸⁸ Schlesinger, 642.

⁸⁹ “PM Attacks Alien Bid,” 1.

Incomplete record-keeping, either due to the voluntary withholding of information that goes against the best interests of the family planning campaign or due to a lack of follow-up with patients that underwent sterilization, is almost certainly at play in this case.

Every invasive surgical procedure introduces at least a small risk of infection, and reports suggest that the sterilization procedures carried out during the Emergency were no exception to this risk.⁹⁰ The claim that sterilization has no risk of complication is erroneous and misguided, and serves here as a tool to attempt to quell anti-sterilization sentiment.

The article then states that Indira Gandhi “condemned anti-family planning as anti-nation since it slowed down the nation’s progress”.⁹¹ This is evidence of the entanglement between personal fertility decisions and nationalism, a concept that will be explored more fully in the coming pages. There is also a vagueness about the term “family planning” in itself. Does this refer to any kind of family planning, like condoms or IUDs, or does it refer specifically to resistance to state-driven sterilization pressures? It seems clear that people were not comfortable with sterilization, but likely less invasive or permanent methods were more readily accepted.

The newspaper article echoes information found in the secondary sources about Muslim thoughts on family planning as well. Indira Gandhi was reportedly “particularly grieved ” that there was a “deliberate campaign to create misunderstanding among Muslims”.⁹² One is left to wonder exactly who started this campaign and what was

⁹⁰ Gwatkin, “Political Will and Family Planning,” 47.

⁹¹ “PM Attacks Alien Bid,” 1.

⁹² “PM Attacks Alien Bid,” 1.

involved in it. Indira Gandhi echoes what the secondary sources on Islam claimed, which is that there is nothing explicitly against family planning in Islamic faith. However, as discussed previously, many Muslims still felt that family planning conflicted with their beliefs that God would grant them as many children as He deemed appropriate.

In general, the article is rather vague and its content supports Indira Gandhi and her government, which is unsurprising given the censorship of the media during the Emergency. While the article hints at unrest via the whispering campaign, violence involving police forces, and particular resistance to family planning amongst Muslims, it is written in such a way as to minimize public concern, painting the whispering campaign as pure rumor and giving too few details about the police incident for readers to know what actually happened.

In contrast to *The Times of India*, the newspaper *Indian Express* was more critical of the government and was known for testing the boundaries of censorship. Doctoral candidate in the University of Iowa's School of Journalism and Mass Communication, Subin Paul, wrote an article specifically analyzing *Indian Express* content during the Emergency and how it was affected by censorship. The *Indian Express* had been critical of the government prior to the Emergency; it was forced to "realign its editorial policies" and appoint government officials onto its board of directors.⁹³ However, owner Ramnath Goenka was able to maintain ownership over his newspaper. Because Goenka remained firmly against the Emergency despite

⁹³ Paul, "When India Was Indira," 203.

censorship efforts, he had to put up with “raids, pecuniary pressures, prior restraint, and court cases” levied against his newspaper.⁹⁴

One of the symbols of opposition to the Emergency’s censorship that the *Indian Express* employed was publishing a blank editorial on June 28, 1975. This blank editorial served as a metaphor for censorship that spread to other anti-Emergency newspapers such as *The Statesman*.⁹⁵ The Indian Government proceeded to ban blank editorials. Nevertheless, the *Indian Express*’ innovative use of a blank editorial effectively communicated its stance on censorship, and the fact that other newspapers copied the method suggests that dissent about the Emergency’s restrictions on free speech was widespread.

Another tactic employed by the *Indian Express* to communicate its stance on Indira Gandhi and her government was to put key phrases in quotation marks so as to distance the views of the reporters from the information in the article. For example: “Mrs. Gandhi ‘Proud of Democracy’”, “Emergency ‘Not Meant for Terrorizing People’”, and “‘Mrs. Gandhi Best Hope of India’”.⁹⁶ While these titles are not explicitly anti-Emergency and could consequently avoid censorship, the implication is that India under the Emergency was not a democracy at all, let alone one to be proud of; the Emergency certainly involved terrorizing people; and Mrs. Gandhi was most certainly not the best hope for India.

Yet another tactic employed by the *Indian Express* was to publish quotes from influential historical figures as the “thought of the day” that challenged the Emergency

⁹⁴ Paul, 203.

⁹⁵ Paul, 205.

⁹⁶ Paul, 205.

and press censorship, such as Greek philosopher Diogenes' quote, "The most beautiful thing in the world is freedom of speech" and Roman historian Tacitus', "A deceitful peace is more hurtful than open war".⁹⁷ While small and at times subtle, the quotes critique censorship and the false sense of peace that Indira Gandhi attempted to uphold via her control of the majority of the media output.

The *Indian Express* did publish content on the subject of sterilizations. Content illustrating the coercive nature of the sterilization campaign was published a couple of months after Indira Gandhi lifted press censorship in January of 1977. On March 7, 1977, a two-part front-page series was published in the *Indian Express* that narrated stories from Pipli and Uttawar, two villages near Delhi.⁹⁸ The story from Pipli was about a sterilization gone wrong that resulted in the death of a young, childless widower. The story from Uttawar reported how policemen rounded up villagers for sterilization with batons and loudspeakers, and how this was not a unique occurrence — neighboring villages had experienced similar sterilization tactics.⁹⁹

These two stories corroborate evidence provided earlier in this thesis. Here is more evidence about the rounding up of villagers and the sterilization of people that may not have had children yet. It seems that in Pipli, the number of children that one did or did not have was not a significant factor in who was sterilized, supporting the allegation of indiscriminate sterilization described by Primila Lewis in the memoir *Reason Wounded*.

⁹⁷ Paul, 207.

⁹⁸ Paul, 208.

⁹⁹ Paul, 208.

Chapter Four: The Shah Commission and the Turkman Gate Incident

Immediately after the Emergency was lifted in 1977, a newly elected government led by Morarji Desai appointed a former Chief Justice of the Indian Supreme Court, J.C.Shah, to investigate the “excesses” committed during the Emergency. This was the Shah Commission of Inquiry. It released three different reports. This chapter will read with particular interest the second report of the Shah Commission because it contains some testimony about an infamous episode of the Emergency: the demolition of the homes of many of the targeted Muslim populations living inside an enclosure called the Turkman Gate. For historical reasons emanating from the settlement of the city from the seventeenth century, when the capital of Shahjahanabad was built, the populations living in the area known as ‘Turkman Gate’ were mainly Muslims. The demolition occurred on April 19, 1976. The Turkman Gate incident does not merely implicate Sanjay Gandhi in questionable family planning efforts of a decidedly communal character, but also shows that slum clearance was carried out despite significant resistance from civilians and ultimately without giving those citizens any way to avoid demolitions. The report also reveals the efforts of government officials to cover up both the communal and punitive aspects of sterilization policies and suggests that officials blamed Muslim organizations for having organized the resistance as well as the violence that greeted the officials and their demolition crews. All these would have in

turn difficult implications for future policies related to population control as well as for public health.

As mentioned previously, slum clearance (“beautification”) and family planning were two initiatives spearheaded by Sanjay Gandhi during the Emergency. One of the targets for his initiatives was Shahjahanabad, also known as the “Walled City”: a historically significant city that houses India’s oldest Muslim community.¹⁰⁰ On December 29, 1973, a deputy secretary in Indira Gandhi’s Secretariat brought the issue of Shahjahanabad’s “ghetto-like physical environment...[and] mentality” to the attention of the government.¹⁰¹ The city was rather run-down, and the government had a keen interest in restoring the aesthetics of the city and improving the economic condition of people there, many of whom lived in genteel poverty.¹⁰² While at first it was not advised to use a “bulldozer approach” to improve the city’s economic condition and aesthetics, Sanjay Gandhi pressured for demolitions.¹⁰³ The city, while historically important,

Besides the slum clearance initiative, Shahjahanabad was also targeted by the family planning campaign. Shahjahanabad was home to Dujana House Family Planning Camp, which, interestingly, was headed by a Muslim woman named Rukhsana Sultana.

¹⁰⁴ While sources discussed earlier in this thesis suggest that many Muslims were anti-sterilization for religious reasons, the example of Rukhsana Sultana as head of Dujana House illustrates that not all Muslims were anti-sterilization and that a number of

¹⁰⁰ Gyan Prakash, *Emergency Chronicles: Indira Gandhi and Democracy’s Turning Point* (India: Penguin Random House, 2018), 289.

¹⁰¹ Prakash, 289.

¹⁰² Prakash, 251, 289.

¹⁰³ Prakash, 289.

¹⁰⁴ Prakash, 251.

factors beyond religion could influence one's perspective on the sterilization campaign. The issue of sterilization campaign participation is complex and should not be oversimplified. It was thought that, because of Rukhsana's position as a Muslim, she would be "well-placed" to persuade the residents of the Walled City to undergo sterilization; nevertheless, people were generally uncomfortable with the family planning camp.¹⁰⁵ It is amidst tensions about slum clearance and family planning that, in April of 1976, the infamous massacre at Turkman Gate occurred.

The Shah Commission's report on the incident opens with a description of Sanjay Gandhi traveling to a Dujana House, the site of the family planning camp, with other officials from the Delhi Development Authority (DDA), Municipal Corporation of Delhi (MDC), As and police force. Allegedly, local people met Sanjay Gandhi at a mosque on the way to the family planning camp and "apprised him of their problems", after which point he "left the place after a few minutes displeased with the reception given to him".¹⁰⁶ The recorded date of Sanjay Gandhi's visit is April 15, 1976.

DDA staff reported that during April 13-17th, they "did not encounter much difficulty in carrying out the demolitions".¹⁰⁷ However, contradicting this information, another official reported that "a few persons, whose houses had been demolished, were complaining that there had been high-handedness on the part of the authority and that the people had been made to move to distant areas".¹⁰⁸ Some people had "met a

¹⁰⁵ Prakash, 251.

¹⁰⁶ "Shah Commission of Inquiry: Interim Report II," April 26, 1978, 120, <https://ia800907.us.archive.org/25/items/ShahCommissionOfInquiryInterimReportII/Shah%20Commission%20of%20Inquiry-Interim%20Report-II.pdf>.

¹⁰⁷ "Interim Report II," 120.

¹⁰⁸ "Interim Report II," 120.

number of political leaders” to discuss their problems with the demolitions¹⁰⁹. It is unclear how many “a few” people might have been. It is possible that the official was downplaying the level of displeasure expressed by local people whose houses had been destroyed, especially given evidence supplied by other officials.

Shri Rajesh Sharma, Executive Councillor, reported hearing about “great resentment against the Administration”, that “nobody felt safe”, and that “there was great panic as the demolitions continued”.¹¹⁰ When he asked a fellow official to show a map with the planned extent of demolitions, he was told that there was not a map and that the other official was “not prepared to tell Shri Sharma about his plans”.¹¹¹ This suggests that the demolitions were not well-planned or that information about the extent of them was being withheld, both of which could indicate questionable practices on the part of Sanjay Gandhi, who was in charge of the operation.

One official reported that he “expressed his apprehension that the family planning camp might cause resentment amongst the public which in term might be exploited by those affected by the demolition in [the] Turkman Gate area”.¹¹² In other words, the public was bothered by the family planning operations and that likely contributed to the public unrest and eventual Turkman Gate conflict. This official’s statement also shows that the police were well aware that local citizens were uncomfortable with the family planning practices in the area.

¹⁰⁹ “Interim Report II,” 120.

¹¹⁰ “Interim Report II,” 120.

¹¹¹ “Interim Report II,” 120.

¹¹² “Interim Report II,” 120.

Not all people interviewed in the inquiry reported knowledge of tensions. The Lieutenant Governor Shri Krishnan Chand “did not know” if there had been any tension near Dujana house due to family planning efforts.¹¹³ However, his Deputy Secretary Shri Jagmohan seemed well aware that family planning was contributing to growing tensions, stating that the “DDA had carried out hundreds of [slum clearances] before and during the emergency and there was no disturbance anywhere and it was only the extraneous factor of Family Planning that had caused the trouble in the Turkman Gate area”.¹¹⁴ While it is unlikely that slum clearance regardless of family planning truly resulted in “no disturbance anywhere”, Shri Jagmohan’s comment shows that people in the Lieutenant Governor’s close circle were aware of tensions that had been exacerbated by family planning, and that the Lieutenant Governor’s claim to not know anything about tensions might have been an effort to save face or appear less guilty during the process of the Shah Commission’s inquiry. At the very least, the conflicting statements throughout the entire Shah Commission report suggest that one needs a critical eye when evaluating the truth behind any one person’s statement.

The Shah Commission report itself addresses the conflicting evidence and tendency of people to shift blame onto others. It wryly reads: “attempts have not infrequently been made by witnesses to deny their involvement, direct or indirect, and shift the responsibility upon others. Even the written record contradicts the position, which is the common version of the witnesses”.¹¹⁵ With this in mind, we delve further

¹¹³ “Interim Report II,” 120.

¹¹⁴ “Interim Report II,” 120.

¹¹⁵ “Interim Report II,” 121.

into the evidence presented in the report, while keeping a careful eye on who is saying what statements, and who is saying nothing.

Let us review the evidence. A Muslim resident of Turkman Gate reported that a crowd of women and children had assembled to peacefully resist the demolitions, but that “til 1 pm no one heard their grievances”.¹¹⁶ The police then ordered the crowd to disperse and started arresting women, and when the women resisted arrest, the police resorted to use of tear gas and a lathi charge. A different Muslim resident stated that at around 1:30pm, “the police hit a woman with a lathi, which started the riot”.¹¹⁷ Yet another Muslim resident reported that the police suspected disturbance in the crowd and charged the crowd with lathis, which prompted citizens to throw stones at the police. In response the police released tear gas.¹¹⁸ A different Muslim interviewee stated that all had been peaceful from about 11am to 1pm, which is consistent across all accounts.¹¹⁹

Two policemen reported arriving at Turkman Gate around midday, at which they requested the crowd around the demolition site, which they estimated to be around 300 people, to disperse. The crowd refused unless demolitions were halted.¹²⁰ At around 1:30, the two police officers reported that the crowd increased to 2,000 individuals and, consistent with the account of the Muslim local, reported that the crowd began to throw stones at the police. However, the two policemen reported that the attack was unprovoked, while two local witnesses had reported that something to do with lathis, be

¹¹⁶ “Interim Report II,” 121.

¹¹⁷ “Interim Report II,” 121.

¹¹⁸ “Interim Report II,” 121.

¹¹⁹ “Interim Report II,” 121.

¹²⁰ “Interim Report II,” 121.

it a lathi charge or an attack on one woman with a lathi, provoked the stone-throwers into action. Yet a third police officer reported that the crowd had been provoked into action by speeches made by local political leaders, although this was not mentioned by the previous officers. Already there is conflict and incongruency in the accounts; overall, the policemen's accounts blame rowdy locals while the local peoples' accounts shift blame to the police as starting the riot, but the details of most accounts differ even between (Hindu and Sikh) police officers and Muslim locals.

An account from Shri A, K, Paitandy, a sub-divisional magistrate, corroborates that the crowd at Turkman Gate was agitated due to the demolitions, the family planning camp, and speeches given by local leaders. He states that the people ignored orders to disperse because they feared that upon dispersing, demolitions would continue. Paitandy reported a crowd of about 1000 and said that the crowd began throwing stones before any offensive action was taken by the police force. Interestingly, Paitandy reports ordering use of tear gas *before* use of lathis, which differs from previous accounts. Contrastingly, Shri Govind Ram Bhatia, assistant sub-inspector of police, reported that a peaceful crowd of 500 to 700 people, including women and children, gathered in an attempt to stop demolitions and speak with authorities. Around 1:30, the crowd swelled to 5000 and Paitandy declared it unlawful, ordering people to disperse. Shri Govind Ram Bhatia reports that Paitandy ordered a lathi charge, people retaliated with stones, and then the police "had to explode tear gas shells".¹²¹ All of these conflicting reports by police officers show that it is difficult to ascertain exactly what

¹²¹ "Interim Report II," 121.

happened during the Turkman Gate incident. It is clear that violence transpired, but the efforts to censor the press about the issue as well as the failure on the part of the authorities to have a consistent story about the start of the conflict keep the truth somewhat obscured.

The Shah Commission inquiry includes, in addition to interviews, analyses of government reports. An April 19th report by the Intelligence Bureau states that “slum clearance operations in Pharak Teliya, Turkman Gate had contributed to the restiveness amongst local Muslims”.¹²² The report corroborates the information that between 10am and 11am demolitions were halted by the crowd, and that the crowd was waiting for its leaders to arrive and to halt the operations. It was believed by locals that these demolitions were occurring on private lands and due process of law was not being honored by the government, so “the affected persons must offer resistance to the demolition operations”.¹²³ The Intelligence Bureau report, by mentioning that restiveness was present amongst Muslims in particular, suggests that communal tensions were likely on the minds of authorities. Later evidence in the Shah Commission inquiry suggests that the non-Muslim government officials in power attempted to blame the violence of the Turkman Gate incident on Muslim organizations.

Specifically, there was an effort to blame the Turkman Gate violence on communal conflict perpetuated by Muslims in the Muslim League and the Jamait-e-Islami (JEI). The Chairman of the Metropolitan Council, Mir Mushtaq Ahamd, a Muslim, was to issue a statement about the incident. Shri Navin Chawla, secretary to

¹²² “Interim Report II,” 121.

¹²³ “Interim Report II,” 122.

the Lieutenant Governor, was tasked with redrafting the statement when Lieutenant Governor Shri Krishnan Chand was not satisfied with it. Chawla reported being told to add “communal” explicitly to the statement and to widely publicize it. He felt that “there was no doubt that the intention was to give a communal turn to a political dispute”.¹²⁴ Unsurprisingly, Lieutenant Governor Shri Krishnan Chand said that in fact he had not suggested “to give a communal color to anything” and that perhaps it was Shri Mir Mushtaq Ahmad who suggested these changes to the statement.¹²⁵

It seems unlikely that a Muslim official would have made an effort to widely publicize a report that placed blame for the violence on Muslim organizations. Unfortunately the report does not include an interview with Mir Mushtaq Ahmad that would have provided his account of events and might have clarified whether his consent was given to release the report in his name or whether he agreed with the statement’s attempts to blame violence on the Muslim League or the JEI. The Shah Commission investigators still conclude, after an evaluation of all evidence explored in the inquiry, that the official statement blaming communal tensions for the violence at Turkman Gate was “totally unjustified and unwarranted”, and furthermore that the attempt to blame the violence on communalism was to cover up the “gross failure on the part of the Administration” during the situation at Turkman Gate.¹²⁶

By about 1:30 P.M., the situation at Turkman Gate had begun deteriorating and senior officers were called to the scene. One of these officers was Ashok Pradhan. By 2:30 P.M., Pradhan had sent a message to the District Magistrate, Shushil Kumar,

¹²⁴ “Interim Report II,” 134.

¹²⁵ “Interim Report II,” 134.

¹²⁶ “Interim Report II,” 137.

stating that “the crowd had swelled and had started throwing stones at the police; that arrival of reinforcements had had no effect; that the crowd near the Turkman Gate was about 4,000 strong and that there was stone-throwing and arson” around the area.¹²⁷

Mr. Kumar arrived on the scene forty-five minutes after receiving that message.

Another senior officer, Mr. Bhinder, said that he was directed by Mr. Bhawani Mal to go to Turkman Gate because of the worsening situation. However, Bhawani Mal “denied having had any such conversation with Shri Bhinder”.¹²⁸ This is interesting because Bhawani Mal did report sending senior officers “one after the other” to the scene.¹²⁹ One is left to wonder why he did not want to be associated with sending Shri Bhinder in particular.

Interestingly, there is a particular mention of Shri Bhinder in Gyan Prakash’s *Emergency Chronicles*. According to Gyan Prakash, Shri Bhinder was the Deputy Inspector General (DIG) of Delhi Police and was a “Sanjay favorite”.¹³⁰ He was responsible for arresting a Jawaharlal Nehru University student, Prabir Purkayastha, on September 25, 1975 because he assumed that this student was actually Devi Prasad Tripathi and should be arrested under the Maintenance of Internal Security Act. He refused to believe Purkayastha when the student said he was not Tripathi. Gyan Prakash described the arrest as an “abduction”; witnesses reported that the police officers were not even in uniform.¹³¹ This incident on September 25, 1975, seems to

¹²⁷ “Interim Report II,” 122.

¹²⁸ “Interim Report II,” 122.

¹²⁹ “Interim Report II,” 122.

¹³⁰ Prakash, *Emergency Chronicles*, 32.

¹³¹ Prakash, 17.

have foreshadowed Bhinder's involvement in more questionable events during the Emergency, such as the Turkman Gate incident.

One of the first indications that there were issues with the handling of the situation at Turkman Gate was the fact that the number of police forces deployed at Turkman Gate was not properly recorded by the Delhi Armed Police (DAP). The Commandant of the DAP, B.K. Mishra, stated that while the DAP record indicates that 13 companies and 1 constable were deployed, "it was his impression that at least eighteen to twenty companies were deployed on that day. Written record was not kept... as the companies were being dispatched in a hurry... [and] normal procedure was not followed".¹³² It is interesting to note that Shri B. K. Mishra was upfront about the DAP's failure to follow normal procedure as well as willing to share that he felt that more police forces were deployed to the Turkman Gate area than the records indicated. Admitting to the failure to properly record the number of forces deployed and sharing impressions that the situation at Turkman Gate involved more police than the records suggest both reflect poorly on the government officials and the way the situation was handled.

The Turkman Gate situation continued to worsen. At around 2 P. M., shots were fired into the air. According to one officer, R. K. Ohri, the shots were fired by the Deputy Superintendent of Police, R. K. Sharma, "when there was an intensive attack on the police force".¹³³ But when asked, R. K. Sharma denied firing the shots, saying that he had "not seen any revolver firing", but that "he could not rule out the possibility of [someone] firing a revolver as reports of shots fired were heard in all directions".¹³⁴ What

¹³² "Interim Report II," 122–23.

¹³³ "Interim Report II," 123.

¹³⁴ "Interim Report II," 123.

is interesting is that he goes on to say that he ordered Constable Mata Din of The Central Reserve Police Force (CRPF) to fire rounds towards the mob in an effort to prevent the local crowd from taking over the police post.¹³⁵ This means that he would have definitely have known of someone firing a revolver and would not be simply speculating that a revolver had been fired toward the crowd.

There is not even consistent information on police stabbings that took place. Again, R. K. Ohri reported that around 4 P.M., a CRPF sub-inspector and two constables were dragged into the Fazal-e-Ilahi Mosque and stabbed.¹³⁶ A. K. Paitandy agreed with this account. P. R. Chaube, the sub-inspector who was allegedly stabbed inside the mosque at some point around 2 or 2:30 P.M., stated that he was not in fact dragged into the mosque, but that he had been stabbed outside it, and taken to the hospital due to the severity of his injury.¹³⁷ Therefore we can conclude that perhaps the chaos around the mosque made it difficult for observers such as Shri R. K. Ohri and Shri A. K. Paitandy to clearly see what had happened to the sub-inspector. Furthermore, they could have been intentionally going along with the official police record which stated that a sub-inspector and a constable had been stabbed and taken inside the mosque.

Constable Bhoom Singh was one of the constables allegedly stabbed inside the mosque, but he, too, said that he had not been dragged inside the mosque and in fact had not been stabbed, but had been hit in the head with a rock that was thrown at him

¹³⁵ "Interim Report II," 123.

¹³⁶ "Interim Report II," 124.

¹³⁷ "Interim Report II," 124.

from the crowd.¹³⁸ He stated that the official Delhi police record stating that he was taken inside the mosque and stabbed by a knife was untrue. A different report, presumably from the commanding officer in charge of Chaube's battalion, includes that his knife injury was sustained while "chasing miscreants" who were entering the mosque, which is in direct conflict with the Delhi police report.¹³⁹ One is left to speculate why the official Delhi police record was incorrect, especially given that the person about whom it was written directly refuted it and that a followup report by the CRPF about the truth behind the knife injury was released on April 20, 1976. A record of an intentional stabbing and the dragging of officials into a mosque is perhaps more incriminating for the local crowd, or perhaps the police in the chaos assumed what they thought they had seen and recorded it. Nevertheless, the lack of follow-up to verify the correctness of their report illustrates a lack of initiative or caring about accurate police reporting which reflects poorly on the police force and how the situation was handled by officials.

Even the time that curfew was imposed in the Turkman Gate varies by an hour: the earliest time was reported by "Special Branch" as 3 P.M. while the latest time was 4 P.M., reported by Shri Sushil Kumar and the official report given by Delhi Police. The reason that the curfew time matters in this particular case is that there was evidence of force taken against the crowd by the police, and if that force were used after curfew and the crowd was appropriately warned, then the police potentially seem less guilty for using force against the locals. Unfortunately, officer accounts of curfew enforcement also vary.

¹³⁸ "Interim Report II," 124.

¹³⁹ "Interim Report II," 124.

While some officers reported that firing shots into the crowd was discussed as an option to disperse locals after curfew was declared, other officers deny that there was any “specific discussion about resorting to firing”.¹⁴⁰ Regardless, eventually the police forces deployed several groups of people to fire at the locals to disperse them after curfew was declared. Unfortunately (albeit perhaps unsurprisingly), witness accounts vary as to how many groups there were and who was part of each group. There is also a lack of consensus about the number of shots fired during the incident and who fired those rounds, and a lack of initiative on the part of senior officers to determine these details. Official reports state 14 rounds were fired.¹⁴¹ The CRPF states that they had fired twelve rounds. The Delhi police, however, originally reported that CRPF had fired only six rounds and that DAP had fired the other eight. Then, at the time of the Shah Commission inquiry, they “[had] now taken the stand that 12 rounds had been fired by the CRPF and 2 by the DAP”.¹⁴²

According to more in-depth analysis by inquirers in the Shah Commission, thirty-eight to forty-five rounds were actually fired by police forces during the Turkman Gate incident, despite the official record only acknowledging fourteen rounds.¹⁴³ This suggests an effort on the part of armed forces to minimize the extent of gunfire during the incident and shows that official numbers could not necessarily be trusted due to conflict of interest. Furthermore, discrepancies between medical records and police records indicated that the police underreported the true extent of injuries sustained by

¹⁴⁰ “Interim Report II,” 125.

¹⁴¹ “Interim Report II,” 128.

¹⁴² “Interim Report II,” 128.

¹⁴³ “Interim Report II,” 129.

people during the incident.¹⁴⁴ The official Delhi police report read that six people were killed by police fire. However, ASI Govind Ram Bhatia, when questioned, told inquirers that he heard that eight people were killed in the firing. When he was questioned further due to the inconsistency with the record, he said, “Weh galti se kaha tha 6 ke bajay 8 thi”: By mistake he had said eight instead of six.¹⁴⁵

A particularly concerning piece of evidence that suggests the culpability of the police during the Turkman Gate incident is the fact that attempts were made to alter log books. It was unclear who had tampered with the books. However, the Central Forensic Science Laboratory determined that someone had attempted to replace the word “revolver” with the words “tear gas” in a description of a 2 P. M. firing incident.¹⁴⁶

The case of Turkman Gate illustrates the power that the Hindu-majority Government had during the Emergency, and how people in positions of authority were able to paint incidents how they wished to in the media and to subdue the voices of people in populations that had less political power. While the Shah Commission successfully determined that the Administration was at fault during the Turkman Gate incident, the people in power were able to cover up the truth behind the incident for months before an official inquiry post-Emergency was carried out. Furthermore, there are still pockets of silence in the Shah Commission: many people, including the head of Dujana House Family Planning Camp, Rukhsana Sultana, did not contribute to the inquiry, so we are left with an incomplete record of people’s experiences and thoughts on the incident.

¹⁴⁴ “Interim Report II,” 131.

¹⁴⁵ “Interim Report II,” 132.

¹⁴⁶ “Interim Report II,” 132.

Conclusion

I was originally inspired to write this thesis because I was shocked to learn that the Indian government had made the decision to sterilize its own people. I wanted to know why this decision was made. I had previously viewed public health as something that was meant to help citizens. Yet, here was an example where the interests of the government overpowered the interests of so many of its people. While learning about the Karelia project in my public health class had strengthened my faith in the power of the government to help via public health initiatives, learning about the complexity of the Indian Emergency and its sterilization campaign illustrated that the drive to help people with public health policies can be overshadowed by political and economic conflicts of interest.

The ethical questions about the rights of the individual's body relative to the power of the government are not limited to India's Emergency. This is an international issue seen, for example, in the United States' Tuskegee Experiment. In that case, the discrimination against lower class African American individuals was entirely clear. Similarly, the people most affected by India's sterilization campaign were poor, relatively powerless people who were more vulnerable to financial coercion and a lack of ability to bribe or negotiate their way out of sterilization. And, as shown in the Turkman Gate incident, the government had significant power over the way in which incidents were reported, such as replacing revolver shots with tear gas or choosing to paint the conflict as a communal tension issue in order to pin blame on Muslim groups.

Public health policies, I learned in the course of this investigation, were historically shaped by a multitude of national and international pressures. In the case of postcolonial India, one such policy directed at controlling population growth was tied to a dire political exigency - the suspension of all Constitutional methods, or 'Emergency'. However, the systems of oppression for lower class and lower caste individuals, as well as Hindu-Muslim conflict, were not created anew. They had been present — and exacerbated — for decades by British rule. Those issues persisted and showed themselves during the Emergency via unequal targeting for sterilization and excessive use of police force on those groups.

The Emergency and its sterilization were influenced by the history of national and international politics and economics. Thoughts and policies about population control and family planning were of increasing importance to India and the world. Sterilization provided a permanent way to sterilize individuals, placing the desires of the Indian government and international organizations like the World Bank and the Ford Foundation over the desires of individual people. Population control was entangled in economics because foreign aid was used as leverage to influence population control policy and once India decided to offer financial incentives for sterilization to its people. Population control during the Emergency was never simply about public health, but about politics, power, money, and influence.

If one had the money or the influence, coerced sterilization was less of a concern, and the financial incentives for sterilization appealed to those in more precarious situations, pointing to a class and caste divide in the experience of

sterilization during the Emergency. Sterilization was likely seen by those in power as a way to get India's population in check and reduce the risk of famine, and posed less of a coercive threat than those with less socio-economic leverage. The sterilization campaign, while touted at the time as a public health strategy, was in fact a much more complex and politically charged issue, both nationally and internationally.

At the end of the exercise, I am still left wondering about all those people who did not write their own stories, were never interviewed by journalists or scholars like Emma Tarlo, and whose experiences are permanently lost to us. However, I have also learned to appreciate the methodological aspects of being a researcher - that I have to read whatever is left behind in a careful manner, and try to corroborate one piece of writing with others to come to a better appreciation of the whole. I have learned the importance of using both primary and secondary sources in historical research, and to read "between the lines" of sources such as India's censored newspapers. While some information is lost with time and not everyone's experience was recorded for us to analyze, we must do what we can with what is left and view every source with a critical eye, searching for new ways to connect information between sources.

The issues of public health policy, questionable state decisions, and discrimination against minority groups with less social power are not limited to the past or to certain areas of the world. Researching this thesis has emphasized for me the importance of considering the complex intersections of people's identities and the ways in which public policy affects everyone differently. In an increasingly global and complex world, we cannot afford to view public policy from our own perspectives alone but must

take into account the diverse types of people that will be impacted by policy decisions, and attempt to craft policies that will not unfairly target marginalized groups.

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